SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Zoning Department P.O. Box 58 Washburn, WI 54891 (715) 373-6138

## APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

三旦 圖 222011

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Changes in plans must be approved by the Zoning Department.

|   | Amount            | Zoning I                    | Date: _{ | Application,No.  |   |
|---|-------------------|-----------------------------|----------|------------------|---|
|   | Amount Paid: #128 | District (                  |          | )<br>}<br>}<br>: |   |
| 3 | Ŝ,                | Zoning District Count BUT 1 | N        | tic              |   |
|   | 9/28              | 7                           |          | 公公               |   |
|   | 1                 |                             |          | 13               | 亙 |

| Signed M Signed 9-21-()  Rec'd for Issuance Inspector Date of Approval   |   |
|--|---|
| the cospodos or the tox.   | Condition:  |
| Mitigation Plan Required: Yes 🗆 No 🕱 Variance (B.O.A.) #   | Mitigation Plan R   |
| AlD Was By Dr.C. Date of Inspection 9-11-11  | Mul-Areado Awas   |
| Reason for Denial:  Inspection Record Revision grows and buckers 50.7 or bush of hold construct, locknown to had second record.  | Reason for Denial: Inspection Record  |
| A8/11 Permit Number 11-0357 Permit Denied (Date)   | Date 9/38   |
| ed. State Sanitary Number  | Permit Issued:  |
| Copy of  (If you recently  APPLICANT — PLEASE COMPLETE REVERSE SIDE Attach a Cop   | * See Notice on Back  |
| Allis is hwys. Iron River, WI 54847  | Owner or Authorized A   |
| officials charged with administering county ordinarities to have access to the above described property as any resonance.  Date 0-20-20-1  | consent to county officials   |
| been examined by me (us) and to the best of my (our) knowledge information I (we) am (are) providing and that it will be relied upon ayfield County relying on this information I (we) am (are) programmed to the county relying on this information I (we) am (are) programmed to the county relying on this information I (we) am (are) programmed to the county relying on this information I (we) am (are) programmed to the county relying to the county relying to the county relying to the county relief to the county relying to the county relief to the county r | FAILUR I (we) declare that this appli (we) acknowledge that I (we) to issue a permit, I (we) fi |
| ther (explain) CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  | ☐ Residential Other (explain)   |
| ☐ Residential Accessory Building Addition (explain)  | ☐ Residential Accessor  |
| ☐ Residential Addition / Alteration (explain) ☐ Special/Conditional Use (explain)  | ☐ Residential Addition /  |
| Garage sq. ft ☐ Commercial Other (explain)   | Residence sq. ft.   |
| ☐ * Residence w/attached garage (# of bedrooms) ☐ Commercial Accessory Building Addition (explain)   | □ * Residence w/attac   |
| Porch sq. ft  Deck(2) sq. ft   | Residence sq. ft.   |
| Wideck-porch (# of bedrooms)   | Residence sq. ft<br>□ 兼 Residence w/deck  |
| USE: Type of Septic/Sanitary System 1: 10(11:01 pt 1)  ☐ # Residence or Principal Structure (# of bedrooms)  ☐ Mobile Home (manufactured date)   | USE:  ☐ ※ Residence or Prim   |
| Addition X Existing Sloop  | Structure: New Fair Market Value 700,000  |
| oreline: greater than 75' [  | ls your structure in a St   |
| (Home) (1)5) 372-5001 (Work)   | Telephone   |
| 54847 Authorize  | Address of Property 11,002  |
| Lakes Community Health Center  | Property Owner The L  |
| of Deeds Parcel I.D04-024-2-47-08-07-400-198-0   | Volume (0) 7 Pa   |
| nge O  | scription   |
| PRIVY CONDITIONAL USE SPECIAL USE Section 5.0.4.   | LAND USE SANITARY Use Tax Statement for Legal Description                                       |
| the Zoning Department.   | Changes in plans must be a  |